

BUDGET

Contract Number: _____ DHR USE ONLY Taxpayer ID#: _____
Agency: _____
Address: _____
Project Title: _____
Budget Period: _____ 1-Oct-04 _____ to _____ 30-Sep-05 _____

BUDGET ITEMS	TOTAL DHR SHARE
1. PERSONNEL	\$
2. SUBCONTRACTS	\$
3. TRAVEL	\$
4. SPACE	\$
5. SUPPLIES	\$
6. EQUIPMENT	\$
7. OTHER	\$
8. BUDGET TOTAL	\$
Itemize the sources of ALL non-departmental funds:	
Total Non-DHR Funding: \$	

DHR USE ONLY

Approved for Mathematical Accuracy: _____
Assistance Payments, Finance Division _____ Date _____

1. PERSONNEL

A. Number of Persons	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F.Total Project Cost (AxCx Dx E)
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
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		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$
Subtotal Salaries:					\$
FRINGE BENEFITS (Project Share Only)					
FICA					\$
Workman's Compensation					\$
Health Insurance					\$
Other (specify)					\$
					\$
					\$
Subtotal Fringe Benefits:					\$
TOTAL PERSONNEL:					\$

2. SUBCONTRACTS All subcontracts require the Department's prior written approval.		TOTAL DHR SHARE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL SUBCONTRACTS:		\$
3. TRAVEL All out-of-state travel requires the Department's prior written approval.		TOTAL DHR SHARE
Within project coverage area		\$
In-state (out-of-coverage area)		\$
Out-of-state		\$
Board Members - Within project coverage area		\$
Board Members - In-state (out-of-coverage area)		\$
Board Members - Out-of-state		\$
TOTAL TRAVEL:		\$
4. SPACE All repairs to facilities, regardless of the cost, require the Department's prior written approval.		TOTAL DHR SHARE
Basic Local Phone Service		\$
Long Distance		\$
Rent/Lease		\$
Use Allowance		\$
Utilities		\$
Upkeep (buildings/grounds)		\$
Minor Repairs		\$
Other (specify)		\$
TOTAL SPACE:		\$

5. SUPPLIES		TOTAL DHR SHARE
Office Supplies		\$
Computer-related Supplies		\$
Custodial Supplies		\$
Other (specify)		\$
TOTAL SUPPLIES:		\$
6. EQUIPMENT		TOTAL DHR SHARE
The Department's prior written approval is required for all property items having a total unit or individual cost of \$500 or greater.		
Purchase		\$
Rental/Lease		\$
Repairs		\$
Maintenance Agreements		\$
Use Allowance		\$
Office Furniture		\$
Office Furnishings		\$
Other (specify)		\$
TOTAL EQUIPMENT:		\$
7. OTHER		TOTAL DHR SHARE
Membership Dues (itemize and attach a separate listing)		\$
Subscriptions (itemize and attach a separate listing)		\$
A-133 Audit		\$
Liability Insurance		\$
Attorney (Legal) Fees		\$
Other (specify)		\$
TOTAL OTHER:		\$